

PERSONNEL ACTION FORM ADDENDUM

For use of this form see AR 600-8-6 and DA PAM 600-8-21; the proponent agency is ODCSPER

1. NAME OF INDIVIDUAL	2. SSN
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3. RECOMMENDATIONS FOR APPROVAL/DISAPPROVAL

a.	(1) ORGANIZATION	(2) OFFICE SYMBOL	(3) DATE
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(4) ACTION

APPROVED
 DISAPPROVED
 RECOMMEND APPROVAL
 RECOMMEND DISAPPROVAL
 RETURNED

(5) COMMENTS

(6) NAME	(7) TITLE/POSITION/RANK
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(8) SIGNATURE	(9) HEADQUARTERS POC TELEPHONE NUMBER
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(10) FORWARDED TO	(11) ENCLOSURES
	<input type="checkbox"/> ADDED <input type="checkbox"/> WITHDRAWN <input type="checkbox"/> NO CHANGE

b.	(1) ORGANIZATION	(2) OFFICE SYMBOL	(3) DATE
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(4) ACTION

APPROVED
 DISAPPROVED
 RECOMMEND APPROVAL
 RECOMMEND DISAPPROVAL
 RETURNED

(5) COMMENTS

(6) NAME	(7) TITLE/POSITION/RANK
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(8) SIGNATURE	(9) HEADQUARTERS POC TELEPHONE NUMBER
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(10) FORWARDED TO	(11) ENCLOSURES
	<input type="checkbox"/> ADDED <input type="checkbox"/> WITHDRAWN <input type="checkbox"/> NO CHANGE

c.	(1) ORGANIZATION	(2) OFFICE SYMBOL	(3) DATE
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(4) ACTION

APPROVED
 DISAPPROVED
 RECOMMEND APPROVAL
 RECOMMEND DISAPPROVAL
 RETURNED

(5) COMMENTS

(6) NAME	(7) TITLE/POSITION/RANK
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(8) SIGNATURE	(9) HEADQUARTERS POC TELEPHONE NUMBER
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(10) FORWARDED TO	(11) ENCLOSURES
	<input type="checkbox"/> ADDED <input type="checkbox"/> WITHDRAWN <input type="checkbox"/> NO CHANGE

4. DISTRIBUTION *(List all organizations to receive copy)*